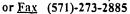
## PART B - FEE(S) TRANSMITTAL

Complete and send this form, together with applicable fee(s) to: Mail Mail Stop ISSUE FEE

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2292	7590 01/18	3/2007		have its own certificate	of mailing or	transmission.	or round, drawing, must	
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							(Depositor's name)	
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APPLICATION NO.	FILING DATE		FIRST NAMED INVENTO		ATTORNEY DOCKET NO.		CONFIRMATION NO.	
10/542,384 12/22/2005		Mario Spatafora		2723-0144PUS1		3429		
TITLE OF INVENTION	N: METHOD OF PRODU	JCING A HINGED-LID	PACKET OF CIGARI	ETTES				
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APPLN. TYPE	SMALL ENTITY	ISSUE FEE DUE	PUBLICATION FEE D	UE PREV. PAID ISSU	E FEE TOTA	AL FEE(S) DUE	DATE DUE	
nonprovisional	NO	\$1400	\$300			\$1700	04/18/2007	
EXAMINER		ART UŅIT	CLASS-SUBCLASS	02 F	\$0 01 FC:1501 02 FC:1504		1409.00 OP 300.00 OP	
SIPOS, JOHN		3721	053-449000	M3 F	C:8001		12.00 OP	
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The Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer Number is required.			(2) the name of a s registered attorney 2 registered patent listed, no name will	ingle firm (having as a or agent) and the nam attorneys or agents. If I be printed.	gle firm (having as a member a agent) and the names of up to tomeys or agents. If no name is c printed.  2 Kolasch & Birch, LL			
3. ASSIGNEE NAME A	ND RESIDENCE DAT	A TO BE PRINTED ON	THE PATENT (print or	r type)			·	
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(A) NAME OF ASSIGNEE (B) RESIDENCE: (CITY and STATE OR COUNTRY)								
G, D, ∫ S	Societa' Pe	r Azioni	Bologna	, Italy				
Please check the appropr	riate assignee category or	categories (will not be p	rinted on the patent):	Individual 🖸 C	orporation or o	ther private grou	p entity Government	
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	atus (from status indicate ns SMALL ENTITY stat	*	☐ b. Applicant is no	longer claiming SMA	LL ENTITY si	atus. Scc 37 CFI	R 1.27(g)(2).	
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